

DEPARTMENT OF BENEFIT PAYMENTS



July 26, 1974

ALL-COUNTY LETTER NO. 74-141

TO: ALL COUNTY WELFARE DIRECTORS
ATTENTION: RESPONSIBLE RELATIVE UNIT

SUBJECT: RESPONSIBLE RELATIVE PROGRAM

REFERENCE:

The first monthly billings have been mailed by the Department of Benefit Payments under its administration of the Responsible Relative Program.

The first month's statement included a notification of liability statement (Form RR 1A) and a notice explaining that any January through June debt will be included on a later billing statement. Copies of these forms are attached.

Responsible relatives will be billed monthly via a computer-generated billing statement (Form RR 1). Statements will be mailed near the end of the month to which the billings apply, and are payable within ten days of receipt.

Any questions you receive concerning the program should be directed to:

Department of Benefit Payments
Public Inquiry and Response
744 P Street
Sacramento, CA 95814
Telephone (916) 322-2400

Sincerely,



JAMES M. MOOSE, JR.
Deputy Director

OBSOLETE

Attachment

CC: CWDA

Superseded by ACL 77-15Issued 3-17-77